

2/5/21

Application review committee:

I'm Julie Juddi and a licensed medical nutrition therapist (LMNT) working as a clinical nutrition manager in the acute-care setting. I appreciate the opportunity to share a public comment on the proposed medical nutrition therapy application, for which I am a proponent of.

I support the credential title change from Licensed Medical Nutrition Therapist (LMNT) to Licensed Dietitian Nutritionist (LDN). A similar naming convention is used in other states in the Midwest, such as Minnesota (MN), Oklahoma, Kansas, & Iowa. Therefore, I like the consistency.

I appreciate the proposed updated language to include what is referred to as the Nutrition Care Process. Within this framework there is defined terminology that has been built into our electronic medical record (EMR). The advantage of using standardized language is to be able to compare apples to apples when examining nutrition care in different care settings and in different states. As the nation works towards interoperability this common language is important.

In regards to order writing, I have been working with our medical staff on an order writing protocol for dietitians within our health system, which includes diet orders, labs, and medications. I am hopeful the clarifying language in this proposal will allow us to fully implement this protocol. In addition to the benefits the Centers for Medicare & Medicaid Services (CMS) suggested in 2014, such as timely, efficient, and cost-effective nutrition care, having the ability to follow order protocols will allow dietitians to practice at the height of our scope of practice. It will also allow Nebraska to retain talent to meet the needs of our population. For example, a couple years back, I hired a dietitian who had just begun her career as a dietitian and had completed her supervised practice experience at a health system in California. She was able to use her training and education to order labs, vitamins or minerals as applicable to the patients' plan of care with a preceptor co-sign. We were not able to retain her at our health system because she was so limited in what she was able to do, such as needing a physician's co-sign to order an oral nutritional supplement (e.g. Boost or Ensure).

Prior to living in Nebraska, I practiced medical nutrition therapy as a licensed dietitian in long-term care & acute care for twelve years in MN. I was able to implement order writing for dietitians at the hospital I was previously employed at. The physicians were supportive & recognized this is the dietitians' area of expertise & the dietitian is best qualified to assess a patient's nutritional status and propose interventions. This doesn't mean the dietitian is working in a silo. Communication will continue to be important, so the physician is involved with & aware of the nutrition plan of care. One way I was able to demonstrate competency with my team of dietitians in MN is through chart audits.

In closing, I am in support of application 407 because of the updated terminology and the language around nutrition-related order writing. Thank you for your time.

Sincerely,

Julie Juddi, RDN, LMNT, LD
Bennington, NE 68007